

Appendix: Tables

Table 7
Selected Federal Child Health Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Maternal and Child Health Bureau (MCHB), Title V of the Social Security Act
Location in Federal Government	Administered by the Health Resources and Services Administration (HRSA), Public Health Services (PHS), Department of Health and Human Services (DHHS).
Date of Authorization	Enacted 1935.
Program Description and Target Population	Promotes, provides, and ensures the health of mothers, infants, children, and adolescents.
Funding Type	Block grant.
Funding Level	\$681 million (FY 1997).
Risk Factors Addressed	Low birthweight; neurodevelopmental delay; cognitive, learning, and developmental issues; temperament and personality; early behavior and adjustment; nutrition; attachment; problematic parenting practices; low socioeconomic status.
Desired Outcomes	Ensure health for mothers and infants, children, adolescents, and families of low income. Improve health care access for low-income mothers and children.
State Latitude for Implementation	States decide eligibility.
Policy Name	Healthy Start
Location in Federal Government	Administered by Health Resources and Services Administration (HRSA), Public Health Services (PHS), Department of Health and Human Services (DHHS).
Date of Authorization	Began in 1991.
Program Description and Target Population	Provides services to reduce infant mortality and support children (birth to age 3) and mothers through home visiting, universal prenatal screening for medical and psychosocial risk factors, medical services, and family support.
Funding Type	Demonstration program.
Funding Level	\$96 million (FY 1997).
Risk Factors Addressed	Cognitive deficits, child health, nutrition, parent substance abuse and psychopathology, attachment, problematic parenting practices, low birthweight, neurodevelopmental delay, temperament, personality problems, early behavior and adjustment problems.
Desired Outcomes	Prevent infant mortality, support families, improve coping skills and functioning. Enhance positive parenting skills and positive parent-child interaction and promote optimal child development.
State Latitude for Implementation	Participating states decide eligibility.

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Table 7 (continued)

Selected Federal Child Health Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Medicaid, Title XIX of the Social Security Act
Location in Federal Government	Administered by Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS)
Date of Authorization	Enacted 1965
Program Description and Target Population	Provides medical care to certain low-income individuals and families. Medicaid is a jointly funded program between state and federal governments. Services include inpatient and outpatient hospital services, physician services, medical and dental services, early and periodic screening, diagnosis, and treatment (EPSDT), and inpatient psychiatric care for individuals under the age of 21.
Funding Type	The federal government matches state funds between 50% and 83% of total costs depending on the average per capita income of the state.
Funding Level	\$161.2 billion (FY 1997)
Risk Factors Addressed	Low birthweight, neurodevelopmental delay, temperament and personality problems, early behavior and adjustment, parent substance abuse/psychopathology, child maltreatment, low socioeconomic status
Desired Outcomes	Increase access to health care and improve quality of care for low-income children and families.
State Latitude for Implementation	States use their own discretion in determining eligibility within federally imposed restrictions in terms of categorical need and medical need.
Policy Name	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
Location in Federal Government	Part of Medicaid.
Date of Authorization	Enacted 1967.
Program Description and Target Population	Improves health and welfare of low-income children through required periodic medical, dental, vision, and developmental screening, diagnosis, and treatment of children with medical or behavioral health problems.
Funding Type	Matching funding.
Funding Level	\$467.6 million (FY 1997).
Risk Factors Addressed	Low birthweight, neurodevelopmental delay, child health, temperament and personality, early behavior problems, child maltreatment, attachment issues, low socioeconomic status.
Desired Outcomes	Ensure early and periodic medical, dental, vision, and developmental screening, diagnosis, and treatment for Medicaid eligible children.
State Latitude for Implementation	States are required to provide EPSDT benefits. However, some states may receive waivers.

(Continues on next page)

Table 7 (continued)

Selected Federal Child Health Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	State Children's Health Insurance Program (CHIP), Title XXI of the Social Security Act
Location in Federal Government	Administered by Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS).
Date of Authorization	Enacted 1997
Program Description and Target Population	Expands health insurance coverage for low-income children, in general, for those children with family incomes below 200% of the federal poverty income guidelines.
Funding Type	Formula grant. Dependent on numbers of families with low income. Higher federal matching payments than Medicaid.
Funding Level	\$20.3 billion 1998–2002 and \$19.4 billion for the next 5 years.
Risk Factors Addressed	Low birthweight, neurodevelopmental delay, child health, temperament and personality, early behavior problems, child maltreatment, attachment issues, low socioeconomic status.
Desired Outcomes	Expand access to health insurance for uninsured children.
State Latitude for Implementation	States determine eligibility within guidelines.
Policy Name	Starting Early Starting Smart
Location in Federal Government	Public/private collaboration between Substance Abuse and Mental Health Services Administration (SAMHSA) and the Casey Family Program with support from Health Resources and Services Administration (HRSA), Administration on Children and Families (ACF), the Department of Education (DOE), and the National Institutes of Health (NIH).
Date of Authorization	Collaboration established in 1997.
Program Description and Target Population	Helps young children from birth to age 7 growing up in low-income families, especially those living in neighborhoods troubled by violence and substance abuse. Integrates mental health services into primary care and child care settings.
Funding Type	Demonstration program.
Funding Level	Undetermined.
Risk Factors Addressed	Problematic parenting practices, neurodevelopmental delay, cognitive deficits and learning problems, temperament and personality dimensions, early behavior and adjustment problems, lack of maternal education, parental substance abuse/psychopathology, child maltreatment, insecure attachment, difficulties with peer relationships, nonmaternal care, relationships with teachers, low socioeconomic status.
Desired Outcomes	Increase access to substance abuse prevention, substance abuse treatment, and mental health services for children from birth to age 7 and their families. Improve service integration, child development and parent-child relationships.
State Latitude for Implementation	The 12 programs are located in different states but are selected at the federal level.

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Table 7 (continued)
Selected Federal Child Health Policies Affecting Children’s Emotional and Social Development and Readiness for School

Policy Name	Community Mental Health Services Block Grant Program (CMHSBG)
Location in Federal Government	Administered by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Health and Human Services (DHHS).
Date of Authorization	Enacted in 1981 as the Alcohol, Substance Abuse and Mental Health Block Grant. Separate Mental Health Block Grant enacted in 1992 [P.L. 102-321].
Program Description and Target Population	It is a joint federal-state partnership that supports existing public services and encourages the development of creative systems of care for adults with serious mental disorders or children with serious emotional disturbance.
Funding Type	Block grant.
Funding Level	\$288 million (FY 1999).
Risk Factors Addressed	Parental psychopathology, insecure attachment, temperament and personality problems, early behavior and adjustment problems.
Desired Outcomes	Provide treatment and rehabilitation for adults with serious mental illness and children with serious emotional disturbance.
State Latitude for Implementation	Block grant administered by the states.

Table 8
Selected Federal Early Childhood Care and Education Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Head Start
Location in Federal Government	Administered by the Head Start Bureau, Administration on Children, Youth, and Families (ACYF), Department of Health and Human Services (DHHS).
Date of Authorization	Originated in 1965 under Economic Opportunity Act of 1994; authorized through 2003 by the Coats Human Services Amendments of 1994.
Program Description and Target Population	Serves over 790,000 children from low-income families (90% at/below poverty) who are less than compulsory school age (60% are 4-year-olds, and 30% are 3-year-olds). Federal standards for health, education, parental involvement, nutrition, and social services.
Funding Type	Discretionary authorization; 80% federal.
Funding Level	\$4.4 billion (FY 1998).
Risk Factors Addressed	Child health, cognitive deficits, temperament and personality, early behavior and adjustment, peer relations, nutrition, low maternal education, problematic parenting practices, insecure attachment, low socioeconomic status, nonmaternal care, relationships with teachers.
Desired Outcomes	To improve the social and learning skills and health and nutrition of low-income children so that they are ready for school.
State Latitude for Implementation	Local implementation within federally-imposed restrictions.
Policy Name	Early Head Start
Location in Federal Government	Administered by the Head Start Bureau, Administration on Children, Youth, and Families (ACYF), Department of Health and Human Services (DHHS).
Date of Authorization	Created with the authorization of Head Start in the Head Start Act amendments of 1994.
Program Description and Target Population	600 community-based programs serving 35,000 low-income children and their families in FY 1999.
Funding Type	Annual appropriation.
Funding Level	\$338 million (FY 1999).
Risk Factors Addressed	Child health, cognitive deficits, temperament and personality, early behavior and adjustment, peer relations, nutrition, low maternal education, problematic parenting practices, insecure attachment, low socioeconomic status, nonmaternal care, relationships with teachers.
Desired Outcomes	To improve child and family development, parenting skills, and community building. To provide a comprehensive program focused on proactive prevention, building on family strengths.
State Latitude for Implementation	Local implementation within federally-imposed restrictions.

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Table 8 (continued)

Selected Federal Early Childhood Care and Education Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Child Care and Development Block Grant (CCDBG)
Location in Federal Government	Administered by the Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	PRWORA Title VI, August, 1996, amends Title IV-A of the Social Security Act. CCDBG was created by the Omnibus Budget Reconciliation Act (OBRA) in 1990. CCDBG is currently authorized through FY 2002.
Program Description and Target Population	Subsidizes child care primarily for children under 13 whose parents need child care to engage in work, education, or training; family income must be less than 85% of the state median; provider must meet state/local standards. PRWORA eliminates entitlements to child care and consolidates the three programs of Title IV-A (AFDC, transitional, and at-risk low-income working family child care) into CCDBG.
Funding Type	100% federal. Capped entitlement plus discretionary authorization.
Funding Level	\$3.0 billion (FY 1997); \$2.0 billion in capped mandatory funding; and \$1 billion in a discretionary authorization.
Risk Factors Addressed	Cognitive deficits, peer relations, nonmaternal care, relationships with teachers, temperament, personality problems, early behavior and adjustment problems, low socioeconomic status.
Desired Outcomes	To assure access to child care so parent(s) can work or engage in education or training leading to work.
State Latitude for Implementation	States have wide latitude within goal of getting and keeping parents off public assistance.
Policy Name	Elementary and Secondary Education Act (ESEA), Title I, Part A, Education for the Disadvantaged
Location in Federal Government	Administered by the Department of Education (DOE).
Date of Authorization	Enacted in 1965.
Program Description and Target Population	Improves the teaching and learning of low-income children who face educational barriers, such as children from low-income families with low literacy, the children of migrant agricultural workers, and children who are neglected or delinquent.
Funding Type	Formula grant.
Funding Level	\$8 billion per year for the overall program; primarily serves school age children.
Risk Factors Addressed	Cognitive deficits, nonmaternal care, low socioeconomic status, difficulties with peer relationships, relationships with teachers.
Desired Outcomes	None are specified for preschool services.
State Latitude for Implementation	State and local educational authorities (LEAs) have considerable latitude.

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Table 8 (continued)

Selected Federal Early Childhood Care and Education Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Elementary and Secondary Education Act (ESEA), Title I, Part B, The Even Start Family Literacy Program
Location in Federal Government	Administered by the Department of Education (DOE).
Date of Authorization	Enacted in 1989.
Program Description and Target Population	Helps break the cycle of poverty and illiteracy by improving the educational opportunities of the nation's low-income families by integrating early childhood education, adult literacy and basic education, and parenting education into a unified family literacy program. Parents and their children ranging from birth to age 8 comprise the target population.
Funding Type	Formula grant.
Funding Level	\$124 million (FY 1998).
Risk Factors Addressed	Cognitive deficits, temperament and personality problems, early behavior and adjustment problems, low level of maternal education, problematic parenting practices, insecure attachment, difficulties with peer relationships, nonmaternal care, relationships with teachers, low socioeconomic status.
Desired Outcomes	Potential outcomes include improved literacy behaviors, parenting behavior and skills, educational and employment skills, growth in personal skills and community involvement, improved school readiness.
State Latitude for Implementation	States and local entities are given considerable latitude.
Policy Name	Individuals with Disabilities Education Act (IDEA), Part B, The State Grant and Pre-School Grants Programs
Location in Federal Government	Administered by the Office of Special Education Programs, Department of Education (DOE)
Date of Authorization	Enacted in 1986; amended 1997. Originally children over 5 years of age were covered through the Education for All Handicapped Children Act of 1975
Program Description and Target Population	Supports rehabilitation, education, and social services, including family-based services Children from 3–21 years.
Funding Type	Formula grant based on child count.
Funding Level	\$3.8 billion for the State Grant Program and \$0.374 billion for the Pre-School Grants Program (FY 1998).
Risk Factors Addressed	Child health, cognitive deficits, temperament and personality, early behavior and adjustment, peer relations, nonmaternal care, teacher relationships, low socioeconomic status, problematic parenting practices, insecure attachment.
Desired Outcomes	States offer programs for the education of all children with special health care needs, develop strategies for outreach, and offer educational opportunities in the least restrictive environment possible.
State Latitude for Implementation	States must serve all children with special health care needs between the ages of 3 and 21, except for children ages 18–21 if such services are inconsistent with state law, practice, or the order of any court.

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Table 8 (continued)

Selected Federal Early Childhood Care and Education Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Individuals with Disabilities Education Act (IDEA), Part C, Infants and Toddlers with Disabilities Program
Location in Federal Government	Administered by the Office of Special Education Programs, Department of Education (DOE).
Date of Authorization	Enacted in 1986; amended 1997.
Program Description and Target Population	Focus is on coordination of services. Covers children birth to 3 years with special health care needs. At state discretion, may be extended to children at risk of developmental delay or other conditions.
Funding Type	Discretionary grant. To be eligible for grant, states must have a state wide system that includes 14 statutory components and a lead agency designated with the responsibility for coordination and administration of funds.
Funding Level	\$350 million (FY 1998).
Risk Factors Addressed	Child health, cognitive deficits, temperament and personality problems, early behavior and adjustment problems, peer relations, nonmaternal care, teacher relationships, problematic parenting practices, insecure attachment, low socioeconomic status.
Desired Outcomes	To provide early intervention for infants and toddlers with special health care needs and their families.
State Latitude for Implementation	States are responsible for ensuring that services are provided to all children birth to 3 years of age with special health care needs. State option whether to include at-risk children.

Table 9

Selected Federal Family Support and Child Welfare Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Family and Medical Leave Act (FMLA)
Location in Federal Government	Administered by the Employment Standards Administration, Wage and Hour Division, Department of Labor.
Date of Authorization	Enacted in 1993.
Program Description and Target Population	Entitles employees of certain employers to take up to 12 weeks of unpaid, job protected leave for certain reasons.
Funding Type	No government funding.
Funding Level	Not applicable.
Risk Factors Addressed	Insecure attachment, neurodevelopmental delay, other medical problems.
Desired Outcomes	Unspecified.
State Latitude for Implementation	State laws may expand on FMLA and provide a more generous benefit.
Policy Name	Child Welfare Services, Title IV-B of the Social Security Act
Location in Federal Government	Administered by Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	Originated in 1935 as Title IV; changed to Title IV-B in 1967. Amended in 1996.
Program Description and Target Population	Provides funding for child welfare services including screening, investigation, and treatment of child abuse and neglect.
Funding Type	75% federal matching grants to states.
Funding Level	\$292 million (FY 1998).
Risk Factors Addressed	Temperament and personality problems, early behavior and adjustment problems, problematic parenting, child maltreatment, insecure attachment.
Desired Outcomes	Improve the care and protection of children.
State Latitude for Implementation	State latitude; however, states must respond to requirements in The Child Abuse Prevention and Treatment Act (CAPTA).
Policy Name	Promoting Safe and Stable Families, Title IV-B of the Social Security Act
Location in Federal Government	Administered by Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	Original program authorized in 1993. Reauthorized under current name in 1997.
Program Description and Target Population	Provides state grants for family support and preservation programs, as well as reunification services and adoption promotion.
Funding Type	Federal grants to states.
Funding Level	\$275 million (FY 1999).
Risk Factors Addressed	Low birthweight, temperament, personality problems, early behavior and adjustment problems, nonmaternal care, problematic parenting, parental substance abuse and psychopathology, child maltreatment, insecure attachment.
Desired Outcomes	Prevent abuse and neglect, prevent foster care placement, reunite families, support adoption.
State Latitude for Implementation	State latitude; however, states must meet program requirements. States determine the use of these funds.

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Table 9 (continued)

Selected Federal Family Support and Child Welfare Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Child Abuse Prevention and Treatment Act (CAPTA)
Location in Federal Government	Administered by Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	Enacted 1974.
Program Description and Target Population	Provides funds and technical assistance to states for prevention and intervention in cases of child abuse and neglect. Grants fund statewide networks of local child abuse and neglect prevention and family resource programs.
Funding Type	Formula grants.
Funding Level	\$166 million (FY 1997).
Risk Factors Addressed	Low birthweight and neurodevelopmental delay, other medical problems, temperament and personality problems, early behavior and adjustment problems, parental substance abuse/psychopathology, child maltreatment, insecure attachment.
Desired Outcomes	Prevention and intervention in cases of child abuse and neglect.
State Latitude for Implementation	States use their own discretion regarding how to allocate federal funds for programs.
Policy Name	Social Services Block Grant (SSBG), Title XX of the Social Security Act
Location in Federal Government	Administered by Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	Enacted in 1975; authorized for \$2.8 billion annually; amended by Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) to \$2.38 billion for FY 1997–FY 2002.
Program Description and Target Population	Provides a variety of services to support families and children, including child care, child protection, home-based services, counseling, and health-related services.
Funding Type	Block grant.
Funding Level	\$2.5 billion appropriated (FY 1997), reduced to \$1.78 billion appropriation in FY2000
Risk Factors Addressed	Cognitive and developmental issues, temperament and personality, early behavior and adjustment, parental substance abuse/psychopathology, child maltreatment, attachment issues, problems with peers, nonmaternal care, low socioeconomic status, relationships with teachers, problematic parenting practices.
Desired Outcomes	Improve self-sufficiency and reduce dependency, prevent abuse and neglect, reunite families, prevent inappropriate institutional care and secure institutional care when other forms of care are inappropriate.
State Latitude for Implementation	State implementation with substantial latitude.

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Table 9 (continued)

Selected Federal Family Support and Child Welfare Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Title IV-E of the Social Security Act
Location in Federal Government	Administered by Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	Enacted in 1980.
Program Description and Target Population	Funds states to provide foster care and adoption services.
Funding Type	Open-ended entitlement with incentives to reduce length of time children are in foster care.
Funding Level	\$3.2 billion for foster care; \$701 million for adoption assistance (FY 1998).
Risk Factors Addressed	Temperament and personality, early behavior and adjustment, problematic parenting, child maltreatment, attachment problems, low socioeconomic status.
Desired Outcomes	Safe out-of-home care, permanent homes for children.
State Latitude for Implementation	State implementation with substantial latitude.
Policy Name	Adoption and Safe Families Act
Location in Federal Government	Administered by Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).
Date of Authorization	Enacted in 1997.
Program Description and Target Population	Law emphasizes the need for child safety, permanence, well-being. It speeds up both the termination of parental rights and adoption processes.
Funding Type	Formula grant.
Funding Level	\$275 million (FY 1999).
Risk Factors Addressed	Temperament and personality, early behavior and adjustment, problematic parenting, child maltreatment, attachment problems, low socioeconomic status.
Desired Outcomes	Reduce child abuse/neglect at home and in foster care, increase permanency for children, reduce time in foster care, increase placement stability, and reduce placements in group homes/institutions.
State Latitude for Implementation	State implementation; however, states must comply with requirements in the law.

Table 10

Selected Federal Nutrition Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Food Stamp Program
Location in Federal Government	Administered by Food and Nutrition Service, Department of Agriculture.
Date of Authorization	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) Title VIII 1996 amends Food Stamp Act originally enacted in 1972 and the Food Security Act of 1985. Public Law 105-185, enacted in 1998, amends PRWORA.
Program Description and Target Population	Provides food vouchers to 19.8 million low-income participants. PRWORA increases state flexibility, strengthens work and other non-income eligibility requirements, makes non-citizens ineligible, controls spending, and strengthens anti-fraud and enforcement measures.
Funding Type	100% federal annual appropriation.
Funding Level	\$20.1 billion (FY 1998).
Risk Factors Addressed	Nutrition, low socioeconomic status.
Desired Outcomes	Improve the nutrition of people with low incomes as well as to increase food purchasing power of eligible low-income households.
State Latitude for Implementation	State implementation with some latitude.
Policy Name	Special Supplemental Nutrition Program for Women, Infants and Children
Location in Federal Government	Administered by Program for Women, Infants and Children (WIC), Food and Nutrition Service, Department of Agriculture.
Date of Authorization	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) Title VII 1996 amends Supplemental Food Program for Women, Infants and Children (WIC), originally enacted in 1972.
Program Description and Target Population	7.2 million low-income children, infants, and women receive monthly vouchers for nutritious foods (FY 1996).
Funding Type	100% federal annual appropriation.
Funding Level	\$3.9 billion (FY 1998).
Risk Factors Addressed	Nutrition, low socioeconomic status.
Desired Outcomes	Provide healthy food to meet the nutritional requirements of infants, children, and pregnant or breastfeeding women in low-income households.
State Latitude for Implementation	State implementation with little latitude.

(Continues on next page)

Table 10 (continued)

Selected Federal Nutrition Policies Affecting Children’s Emotional and Social Development and Readiness for School

Policy Name	Child and Adult Care Food Program (CACFP)
Location in Federal Government	Administered by Food and Nutrition Service, Department of Agriculture.
Date of Authorization	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) Title VII 1996. Amends the National School Lunch Act of 1946. CACFP is permanently authorized under section 17 of the National School Lunch Act.
Program Description and Target Population	Subsidizes food provided by child care providers who meet state/local standards. The majority of children served are between 3 and 6 years of age; however, children up to age 12 and certain special older groups are eligible. PRWORA imposes requirements that the provider, location, or child’s family be low-income to be eligible. In FY 1998, average daily attendance in CACFP subsidized centers and homes totaled 2.5 million children.
Funding Type	100% federal authorized entitlement.
Funding Level	\$1.3 billion (FY 1998).
Risk Factors Addressed	Nutrition, low socioeconomic status.
Desired Outcomes	Improve nutrition through subsidized breakfasts, lunches, suppers, and snacks that meet federal nutrition standards and are served in nonresidential child care.
State Latitude for Implementation	State implementation with little latitude.

Table 11
Selected Federal Socioeconomic Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Temporary Assistance for Needy Families (TANF)
Location in Federal Government	Administered by the Office of Family Assistance, Administration on Children, Youth, and Families (ACYF), Department of Health and Human Services (DHHS).
Date of Authorization	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) Title I 1996.
Program Description and Target Population	Contingent cash welfare benefits; 5 year limit, after 2 years requires work; eliminates eligibility for noncitizens. Incentives to states to reduce nonmarital births and single-parent households; restrictions on teen parents. Replaces Aid to Families with Dependent Children (AFDC) and Job Opportunities and Basic Skills Training (JOBS) programs.
Funding Type	Block grants.
Funding Level	\$16.5 billion annually through FY 2002.
Risk Factors Addressed	Low socioeconomic status, family composition, immigrant status, low maternal education.
Desired Outcomes	Provide a safety net while encouraging work, marriage, and two-parent families.
State Latitude for Implementation	States have substantial flexibility and may be more stringent than the federal law.
Policy Name	Supplemental Security Income (SSI)
Location in Federal Government	Administered by the Social Security Administration (SSA).
Date of Authorization	Authorized in 1972. Amended by Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) Title II 1996.
Program Description and Target Population	Cash benefit; 6.6 million recipients, including 958,000 disabled children under 18 years (1998); PRWORA eliminates the Individualized Functional Assessment and "maladaptive behavior" eligibility criteria for children.
Funding Type	100% federal cash benefit to recipients.
Funding Level	\$27.3 billion (FY 1998).
Risk Factors Addressed	Low birthweight, neurodevelopmental delay, other medical problems, temperament and personality, early behavior and adjustment problems, parental psychopathology, low socioeconomic status.
Desired Outcomes	Assist low-income families to care for an individual with a disability.
State Latitude for Implementation	Little state flexibility.

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Table 11 (continued)

Selected Federal Socioeconomic Policies Affecting Children's Emotional and Social Development and Readiness for School

Policy Name	Earned Income Tax Credit (EITC)
Location in Federal Government	Administered by the Internal Revenue Service (IRS), Department of the Treasury.
Date of Authorization	Enacted in 1975. Indexed to inflation in 1987.
Program Description and Target Population	Refundable tax credit primarily for families with children under 19 years. Maximum credit is \$2,210 with one child and \$3,656 with more than one. Phase-out of credit begins at income of \$11,930; ends under \$30,000. Claimed by 19.4 million tax payers in 1997; more than 70% are single heads of households.
Funding Type	Federal income tax credit. Mirrored by some states.
Funding Level	\$30.4 billion in benefits (1997).
Risk Factors Addressed	Low socioeconomic status.
Desired Outcomes	Improve the socioeconomic status of low-income working families.
State Latitude for Implementation	None, except that some states have mirrored the federal tax credit in their own income tax codes.
Policy Name	Dependent Care Tax Credit (DCTC)
Location in Federal Government	Administered by the Internal Revenue Service (IRS), Department of the Treasury.
Date of Authorization	Deduction created in 1954; became a nonrefundable tax credit in the Tax Reform Act of 1976 with expanded eligibility. The Family Support Act of 1988 tightened eligibility.
Program Description and Target Population	Nonrefundable tax credit for work-related expenses for care of dependent. Claimed on 5.8 million tax returns (1997) by working caregivers for children under 13 or incapacitated dependents. Average credit is \$425 per return. 10% of benefit to families with incomes below \$20,000; 48% to those with incomes above \$50,000.
Funding Type	Federal income tax credit.
Funding Level	Approximately \$2.5 billion in benefits (1997).
Risk Factors Addressed	Low socioeconomic status, nonmaternal care.
Desired Outcomes	Tax cut linked to expenses for dependent care.
State Latitude for Implementation	None.



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